

CONTRACT FOR CARRIAGE / DISPATCH NOTE



DSV South Africa  
 t/a DSV Distribution  
 PO Box 63, The Reeds 0061  
 Tel (012) 673-2000  
 Reg. No. 2004/015747/07  
 VAT Reg. No. 4260213673



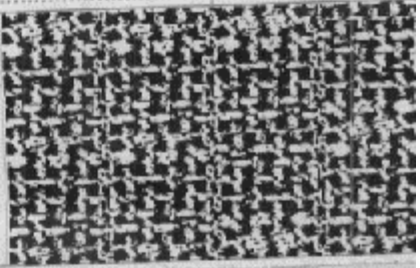
SUBBD25463726


Sender's Details		Consignee's Details. Full Street Address Please						Mark Service Required	
Company Name <b>LE CREUSET BOUTIQUE STO</b>		Company Name <b>Le Creuset Cavendish</b>						<input type="checkbox"/> Same Day	
Street Address <b>SHOP 20B GARDENS CENTRE</b>		Street Address <b>Shop L81 Lower ground floor Cavendish Square Mall</b>						<input type="checkbox"/> Express	
Suburb <b>BUITENKANT STREET</b>		Suburb <b>Claremont</b>						<input type="checkbox"/> With Sunrise Option	
City / Town <b>GARDENS</b>		City / Town <b>Cape Town</b>						<input type="checkbox"/> With Saturday Service	
Postal Code <b>8001</b>		Postal Code <b>7708</b>						<input type="checkbox"/> Public Holiday Service	
Contact <b>LAURENCIA FITCHE</b>		Contact <b>021 671 9550</b>						<input checked="" type="checkbox"/> Economy	
Phone <b>021 462 7277</b>		Phone <b>021 671 9550</b>						<input type="checkbox"/> After Hours	
Destination Country		South Africa <input checked="" type="checkbox"/>		Botswana		Lesotho		Nemibia	
Swaziland		Other		(Please Specify)					
Sender's Reference <b>UT19756960</b>		Analysis Code						BLNS Customs Tariff	
<b>SPECIAL INSTRUCTIONS</b> Bill Charges To Account No. <b>027766</b>									
Bill To <input type="checkbox"/> Sender <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/> If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.									
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 12.4 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 12.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 12.5, 12.6 AND 12.7 OVERLEAF).									
SENDER'S AUTHORIZED SIGNATURE  DATE									
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)		HEIGHT (CM)	
<b>1</b>									
Goods received in full without damage (unless endorsed)					Received By DSV				
Name Of Receiver (PLEASE PRINT CLEARLY)					Name Of Courier (PLEASE PRINT CLEARLY)				
<b>Shanice</b>					<b>JOOI</b>				
Date Received:		Time Received:			Date Received:		Time Received:		
<b>110118</b>		<b>0928</b>			<b>100118</b>		<b>1440</b>		
Signature:					Signature:				

POD COPY

1. ONLINE	<input type="checkbox"/>
3. EFT	<input type="checkbox"/>

Total Mass (Kg)



Version Control (03/2018)